

32692

Customer Number

Patent
Case No.: 58696US002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor: SWANSON, RONALD P.

Application No.: 10/807488

Confirmation No.: 3060

Filed: March 23, 2004

Title: METHOD FOR FLEXING A WEB

AMENDMENT AND RESPONSE UNDER 37 CFR § 1.111

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR § 1.8(a)]

I hereby certify that this correspondence is being:

- ☐ deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
- ☐ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at 571-273-8300
- ☒ transmitted to United States Patent and Trademark Office on the date shown below via the Office electronic filing system.

October 31, 2007

Date

Signed by: Susan M. Dacko

Dear Sir:

This communication serves as the Submission for a Request for Continued Examination under 37 CFR 1.114 and is in response to the outstanding Office action, dated October 31, 2007, in the above-identified application.

Amendments to the Claims are reflected in the listing of the claims, which begins on page 3 of this paper.

Remarks begin on page 6 of this paper.

Fees

- ☐ Any required fee will be made at the time of submission via EFS-Web. In the event fees are not or cannot be paid at the time of EFS-Web submission, please charge any fees under 37 CFR § 1.17 which may be required to Deposit Account No. 13-3723.
- ☐ Please charge any fees under 37 CFR §§ 1.16 and 1.17 which may be required to Deposit Account No. 13-3723. (One copy of this sheet marked duplicate is enclosed.)
- ☒ Please charge any additional fees associated with the prosecution of this application to Deposit Account No. 13-3723. This authorization includes the fee for any necessary extension of time under 37 CFR § 1.136(a). To the extent any such extension should become necessary, it is hereby requested.
- ☒ Please credit any overpayment to the same deposit account.

Additional claim fees for this amendment are computed as follows:

Claims As Amended							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Previously Paid For		(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	7	Minus	**	23	0	x \$50.00	\$0.00
Independent Claims	2	Minus	***	4	0	x \$210.00	\$0.00
Additional fee for filing one or more multiple dependent claims, if no such fee has been paid						\$370.00	
Total Additional Fee For This Amendment							\$0.00
** If the "Highest No. Previously Paid For" is less than 20, insert "20" in next space.							
*** If the "Highest No. previously Paid For" is less than 3, insert "3" in next space.							